



NEW YORK STATE CONTINUING LEGAL EDUCATION BOARD

Email: cle@nycourts.gov • Website: www.nycourts.gov/attorneys/cle

Accredited Provider Status - Application

Each applicant seeking Accredited Provider status must complete and submit this application only via email to: cle@nycourts.gov (no printed applications please) and:

- Type all responses (no handwriting please);
- Include all required attachments (items 1 and 2);
- Label attachments and send each attachment as a separate PDF; and
- Note that we can accept emails up to 15 MB with attachments.

Applicant Information

Name of CLE Organization _____

Street Address _____

City _____ State _____ Zip _____

Name of CLE Contact Person _____

Title of CLE Contact Person _____

Phone _____ Email _____

Is your organization's headquarters located in New York State? Yes No

If "No," indicate state/jurisdiction _____

Is your organization currently an Accredited Provider (or has your organization applied for such status) in other states and/or jurisdictions? Yes No

If "Yes," list those states and/or jurisdictions below:

Does your organization primarily design its CLE programs for attorneys? Yes No

If "No," for whom are your CLE programs primarily designed (e.g., CPAs, title agents, etc.)?

Are your organization's CLE courses primarily taught by attorneys? Yes No

If "No," who primarily teaches your organization's CLE programs (e.g., CPAs, MDs, etc.)?

Total Number of CLE Course Offerings

Enter the **total number** of separate and distinct CLE programs sponsored, organized, and administered by your organization during the **36 months prior** to the date of this application:.....

Of the total number of CLE courses (for prior 36 months) above, enter the number of courses held in the **18 months prior** to the date of this application:

Of the total number of CLE courses (for prior 36 months) above, enter the number of courses held between **18 and 36 months prior** to the date of this application.....

Required Attachments

Please check each box below to indicate that you have included the required attachments:

- 1. List of CLE Courses:** Attach a list of **all CLE courses** sponsored, organized, and administered by your organization **during the past 36 months** in chronological order.

Include for each CLE course, the following information:

- Title;
- Date;
- Location;
- Program format;
- Jurisdiction(s) issuing CLE credit;
- Percentage of attorney participants; and
- Names of faculty members (indicate which faculty members are attorneys).

- 2. Three Sample Courses:** Select 3 of your organization's CLE courses:

- 2 held within the **18 months prior** to the date of this application; and
- 1 held between **18 and 36 months prior** to the date of this application.

For **each of the 3** sample courses, attach the following information:

- **Agenda** (Attach the timed agenda or timed outline of the course.)
- **Brochure** (Attach a brochure, advertisement, course description, or announcement for the course.)
- **Faculty Biographies** (Attach a biography for each faculty member that includes educational background and degrees earned.)
- **Written Materials** (Attach a complete set of written materials distributed for the course – please label and organize so they correspond to each session on the agenda.)
- **Total CLE credit hours** (Attach your calculations of the total number of CLE credit hours for attendees of the CLE course based on a 50-minute hour and the number of instructional minutes, excluding time spent on introductions, meals, and breaks. See [calculation chart](#).)

- **Breakdown of CLE credit hours into applicable categories of CLE credit:** (Attach your determination of the appropriate category and/or categories of CLE credit based on the course content and definitions of the following categories of CLE credit: [Areas of Professional Practice](#); [Cybersecurity, Privacy and Data Protection-Ethics](#); [Cybersecurity, Privacy and Data Protection-General](#); [Diversity, Inclusion and Elimination of Bias](#); [Ethics and Professionalism](#); [Law Practice Management](#); and [Skills](#).)
- **Program Format** (Attach a description of the CLE program format [e.g., traditional live classroom setting, webconference, online video, etc.]). Please see [Provider FAQs](#).
- **Method of Participation** (Attach a description of the method of participation for the course:
 - » **group** [where several participants are physically together in the same location],
 - » **individual** [where an individual participates alone from a remote location], or
 - » **both** group and individual participation.)
- **Attendance Verification** (Attach a description of the method used to verify attendance for **each program format/method of participation** [include related forms, such as sign-in/out sheet, attorney affirmation form, etc.]). Please see [Attendance Verification Overview](#).
- **Evaluation** (Attach program evaluation questionnaire for the course, if distributed.)
- **Financial Aid Policy** (If a fee was charged for the course, attach your organization's financial aid policy that includes the specific application procedures and eligibility requirements [include related forms, such as financial aid application].) Please see [Financial Aid Policy Guidelines](#).

If you are unable to include any of the required attachments, explain why below.

Certification

I certify that all information contained in this application (and all attachments) is true, I am the authorized representative submitting this application on behalf of the CLE organization and typing my name below will represent my signature.

If this application is approved, I acknowledge and agree to comply with all applicable [CLE Program Rules](#) and [CLE Board Regulations and Guidelines](#) on behalf of the CLE organization.

Applicant Name _____ Date _____